726 East Side Blvd
Hastings, NE 68901
Phone : (402) 834-3368
Fax : (402) 834-3364
Email : hapainrelief@haprc.org
Web : www.haprc.org

HASTINGS
PAIN RELIEF CENTER
'Our Belief, Your Pain Relief'

Pravardhan Birthi, MD

Pain Management Specialist

NEW PATIENT REFERAL FORM

Referring Physician: _____ Office Contact Person: _____

Office Phone #: _____Office Fax #: _____

Patient's Name: _____ Date of Birth: _____

Best Contact Phone #:_____ Social Security #: _____

Primary Insurance: _____

Pain-related diagnosis: _____

Specific Instruction: _____

To facilitate the referral process, please fax this completed form, along with:

☐ **Copy of front and back of patient's insurance card(s) (must be received prior to review of information)**

☐ Copies of 2-3 most recent office notes

☐ Copies of any XRay/MRI/CT reports that are related to the patient's pain symptoms

We will make initial contact with the patient within 24 hours after receiving the information. If we do not feel that we can help your patient, our office will contact your office to let you know. Please list email address that we may send that information to _____

Thank you for the referral!